

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM FTC-875)

SERIAL NO.

09/373227

FILING DATE

8-19-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48		1				
49	1					
50		1				
TOTAL IND.	24					
TOTAL DEP.		46				
TOTAL CLAIMS	50					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	0					
TOTAL DEP.		1				
TOTAL CLAIMS	1					

BEST AVAILABLE COPY